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	Director, the Commissioner for Patents Washington, D.C. 20231	Date Mo. Day 14671 Atty. Docker No. 28.347
	Sir: Kindly acknowledge receipt of the accompanying: Response to Official Action.	
FCHS-D-95	Check for \$	documents priority applications ordeniverer.



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Director, the Commissioner for Patents Washington, D.C. 20231	Date 1/ 12 100 Mo. Day Yr. Atty. Docked 5 C/467/ 09/628.347
Sir: Specifications, claims and abstract Specifications, claims and abstract Specifications, claims and abstract Specifications, claims and abstract Specification and Power of Attorney Sheets of Specification Small entity declaration Assignment, PTO-1595 and Check for \$ Transmittal Under 37 CFR 1.53(d) (CPA Petition under 37 CFR 1.136 and check for Specify) Claim To Priority Specification Divisional Divisional Divisional Divisional Due Date Due Date	mpanying: — pages, with Transmittal Form M Executed Not Executed informal drawings fee) Success A Plant Accurate on and mailing of returning to deliverer. — Continuation-In-Part 37 CFR 1.8 37 CFR 1.10 37 CFR 1.10

In re Application of:

Filed: July 28, 2000

HIROCHIKA MATSUOKA

Application No.: 09/628,347

Docket No. 03500.014671.

Examiner: M. Nguyen

Group Art Unit: 2626

For: PATCH IMAGE PREPARATION METHOD

AND RECORDING MEDIUM THEREFOR

Date: July 7, 2004

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Sir:

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Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	**	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00		

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.			
	A check in the amount of \$ is enclosed.			
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
	A check in the amount of \$ to cover the fee for a month extension is enclosed.			
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			

Attorney for Applicant
Registration No. 44,063

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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